

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-673-129

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	31	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	31 minus 20 =	11
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	198
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	1032

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 31	Minus	** 31	= <input checked="" type="checkbox"/>
Independent	* 4	Minus	** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<input checked="" type="checkbox"/>
X42=		OR X84=	<input checked="" type="checkbox"/>
+140=		OR +280=	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 31	Minus	** 31	= <input checked="" type="checkbox"/>
Independent	* 4	Minus	** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<input checked="" type="checkbox"/>
X42=		OR X84=	<input checked="" type="checkbox"/>
+140=		OR +280=	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 31	Minus	** 31	= <input checked="" type="checkbox"/>
Independent	* 4	Minus	** 4	= <input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<input checked="" type="checkbox"/>
X42=		OR X84=	<input checked="" type="checkbox"/>
+140=		OR +280=	<input checked="" type="checkbox"/>
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.